pennsylvania
OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

Infant and Toddler Contracted Slots Pilot Evaluation: Interim Report

Chad Dorn, PhD.

January 2020

Propulsion²
creating force leading to movement

Contents

Acknowledgement

Introduction

The impact of investing in high quality care and education for young children is well-documented[1]. In recent years Pennsylvania has strengthened their commitment to providing high quality care to the Commonwealth's youngest children. The state-funded pre-kindergarten program, Pennsylvania Pre-K Counts (PA PKC), is recognized for the high quality care it provides for three and four-year olds and via a state process, Pennsylvania revisioned their quality rating and improvement system, Keystone STARS. Despite these gains for three and four-year olds, access to high quality early care and education opportunities for infants and toddlers is low.

The Child Care Works (CCW) child care subsidy program is the primary source of funding for infant and toddler care in Pennsylvania. To be eligible, families must initially earn less than 200% of the Federal Poverty Level and meet the work requirements established by the program. Families eligible for care receive up to 260 days of care each year. Once enrolled in CCW, families are responsible for finding a care option for their child that best meets their needs. This can be at any licensed program regardless of their Keystone STARS quality level, be it home-based or center-based care, or with a relative. However, the waiting list for eligible families to receive CCW funding can vary considerably and the care options available for infants and toddlers are limited.

Early care and education programs are reimbursed directly for the care they provide for children participating in the subsidy program, depending on the number of days a child attends care. The program may be paid a part time rate for children who attend care for less than five hours of care per day, and a full-time rate for care beyond five hours. These reimbursement base rates differ by county, provider type, and care level, based on the current market rate a family would pay out of pocket. STAR 2, 3, and 4 programs do receive a graduated add-on rate based on their STARS Designation.

The challenging business model for child care is made tougher when serving infants and toddlers. The cost to provide care for infants and toddlers is higher than care for preschool and school-age children. A primary driver of the increased cost is the lower child to adult ratios. Whereas the ratio for preschool classrooms is 1 adult for every 10 children, the ratio for infants in Pennsylvania is 1 adult for every 4 infants. The ratio for toddlers is 1 adult for every 5 young toddlers (1-2 years of age), and 1 adult for every 6 older toddlers (2-3 years of age).

Pennsylvania has made ensuring access to high quality early care and education for infants and toddlers a priority. In 2018, Pennsylvania dedicated $2 million of federal funding to pilot a program serving CCW eligible infants and toddlers via contracted slots (see Figure 1). Contracted slots are an alternative to the traditional voucher system described above. With the voucher system, the funding follows the child. A parent selects a provider and the provider is paid based on attendance. With contracted slots, the funding for awarded slots remains with a provider. If a child leaves a provider, the provider continues to be paid for the slot and is responsible for filling the slot with a different CCW eligible child.

The primary goal of the pilot is to establish and study a new fiscal model that promotes equal access and supply-building of high quality care for infants and toddlers. The new model has the potential to provide fiscal stability for high quality providers serving CCW eligible infants and toddlers and encourage providers to serve more infants and toddlers to meet market demand. Participating programs receive one-year contracts for a slot, which is guaranteed for the entire year.

Second, programs receive an increased reimbursement rate per slot mean to impact the program's fiscal stability. Unlike CCW vouchers that require families to pay a co-pay to the child care provider, no co-payments or fees of any kind are charged to families while the child is enrolled in the pilot. The new model also strengthens a publicly funded continuum

1 Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Academy Press.

of care from birth to kindergarten in high quality settings. The Infant Toddler Contracted Slots Pilot Program builds upon the already established infrastructure of the PA PKC model. PA PKC has been in existence since 2007 and provides high quality pre-kindergarten services to eligible children. Building an infant and toddler focused program with established PA PKC programs allows continued focus on quality programming while building strong transitions from infant and toddler to pre-kindergarten classrooms. In addition, the program assures continuity of care through two main policies. The first is that the duration of eligibility for children served lasts until the child reaches 36 months of age and is eligible to transition into a pre-kindergarten program.[2] This differs from current subsidy policy that states that a child's eligibility is redetermined every 12 months. Participating programs are asked to coordinate PA PKC prioritization to assure that a child who remains eligible for PA PKC at their third birthday transitions into the PA PKC program.

The pilot supports OCDEL's continued focus on quality early care and education in three ways. Since all participating programs are current PA PKC grantees, they have achieved a 3 or 4 STAR rating in Keystone STARS. In addition, all classrooms teachers are encouraged to have at least a Child Development Associate (CDA) credential. Finally, there is a consistent ratio of 1 adult for every 4 infants and toddlers in all participating classrooms.

OCDEL relies on regional partners to consolidate and coordinate early childhood services at the the local level through Early Learning Resource Centers (ELRC). ELRCs provide a single point-of-contact for families, early learning service providers, and communities to gain information and access services that support high quality child care and early learning programs. Pennsylvania's 19 ELRCs are responsible for meeting the needs of each region's families and offers connections to services. The pilot program uses the local ELRC to monitor and provide support to participating program and families with infants and toddlers.

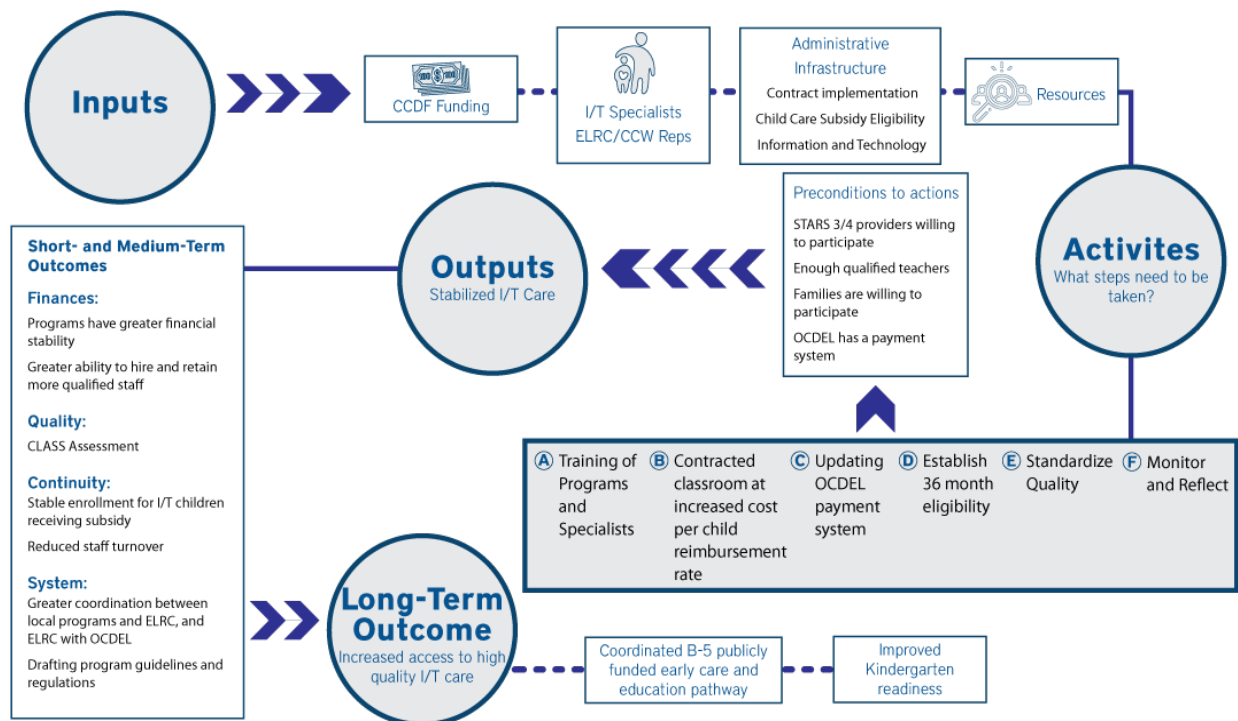2 The CCDBG income threshold of 85% SMI is still followed by the pilot program.

Figure 1. Infant and Toddler Contracted Slots Pilot Program Theory of Change

The Evaluation

OCDEL partnered with Propulsion Squared to conduct an external evaluation of the implementation of the pilot program. The goal of the evaluation is to identify systemic issues that contribute to successful implementation or act as barriers. It also considers innovative ways to improve planning and implementation, and eventually take the project to scale. With each of those goals in mind, the evaluation is guided by the following questions:

- What factors hinder or facilitate the implementation of the pilot?
- How can the pilot be improved to meet the set targets?
- How can the implementation be improved to assure replicability?

This interim report shows the findings of the first months of the pilot. It describes the initial stages of implementation and predominantly focuses on the formative aspects of the evaluation that provide quality data to the Implementation Team to understand how well the pilot is being implemented. The report does not include summative statements about the extent to which the pilot is achieving its intended outcomes. Moving forward, future reports will include a greater focus on the summative components of the evaluation, which will assess how well the pilot it achieving the outcomes identified in the pilot's Theory of Change (see Figure 1).

Implementation Science Framework

To better understand the implementation process, the evaluation uses a framework based on Implementation Science (IS). The IS framework monitors implementation using an integrated four-stage implementation design[1] that provides continuous formative feedback to OCDEL leadership and pilot stakeholders (see Figure 2). The four-stage design follows the implementation process from the initial stages of planning through later stages of service delivery and program outcome assessment. It gathers formative feedback and monitors core elements that are essential to successful implementation: 1) establishing implementation teams; 2) creating data-driven feedback loops; and, 3) developing the necessary infrastructure.

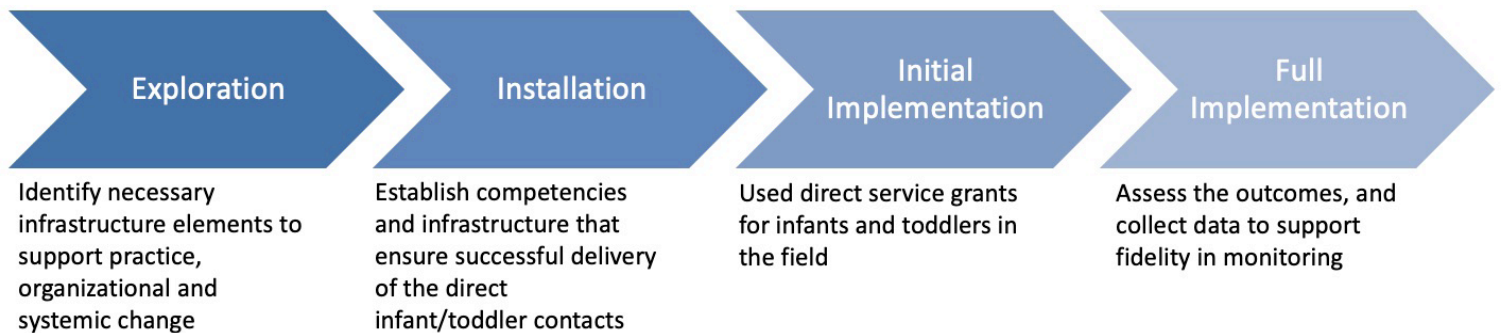| Exploration	Installation	Initial Implementation	Full Implementation
Identify necessary infrastructure elements to support practice, organizational and systemic change	Establish competencies and infrastructure that ensure successful delivery of the direct infant/toddler contacts	Used direct service grants for infants and toddlers in the field	Assess the outcomes, and collect data to support fidelity in monitoring

Figure 2. Implementation Stages

1 Metz, A., Naoom, S.F., Halle, T., & Bartley, L. (2015). An integrated stage-based framework for implementation of early childhood programs and systems (OPRE Research Brief OPRE 2015¬ 48). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Data Collection and Timeline

The data included in this report were gathered over a period of 15 months (Figure 3). The beginning months focused on identifying the infrastructure elements necessary for the pilot to be successful. During that time, feedback from ELRC partners was used to refine the project and tailor OCDEL's pre-existing Request for Application (RFA) process to address the specific context of the pilot program. Once programs were selected and contracts were in place, programs began to enroll children. In some cases, eligible children who already were receiving care at the program were shifted to be part of the pilot program. In other cases, new eligible children were enrolled. The timeline below shows the major events over the last 15 months and highlights the major data collection activities (see Figure 3).
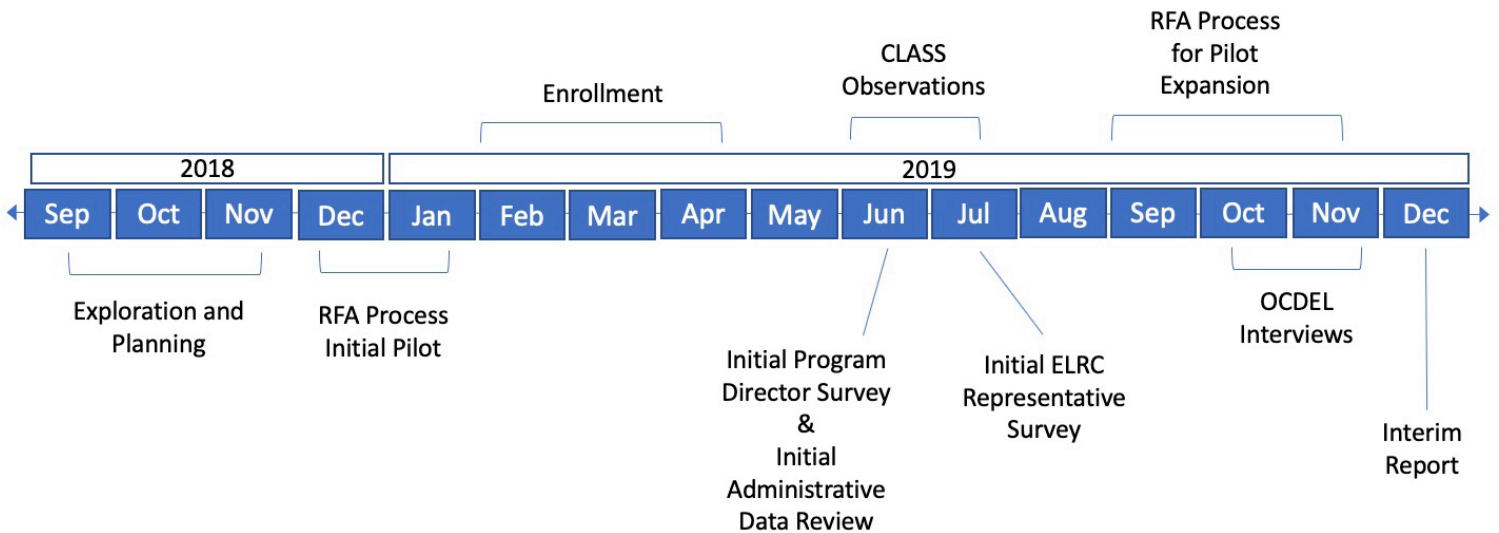
Figure 3. Evaluation Timeline

Data Sources and Collection

In order to make any adjustments needed to strengthen the implementation of the pilot program, the focus of the evaluation during the initial year was formative. The evaluation examined how well the pilot program was implemented and how it was received by participating early care and education programs and OCDEL's regional business partners who operate the Early Learning Resource Centers. In subsequent years as the pilot progresses into full implementation, the focus of the evaluation will place more emphasis on summative aspects of the pilot program assessing the extent to which the program is achieving the outcomes identified in the Theory of Change. Five types of data were collected to provide formative, and to the extent possible, summative feedback to the implementation team during the initial pilot year (See Figure 4).

Question

How well was the pilot program implemented and received by participants?

Data

Administrative Data

Web-Based Survey: Program Directors

Web-Based Survey: ELRC Representatives

Document Review: Meeting Agendas and Notes, Policies and Guidance

Interview: Key OCDEL Staff

Data Element

- Characteristics of participating programs
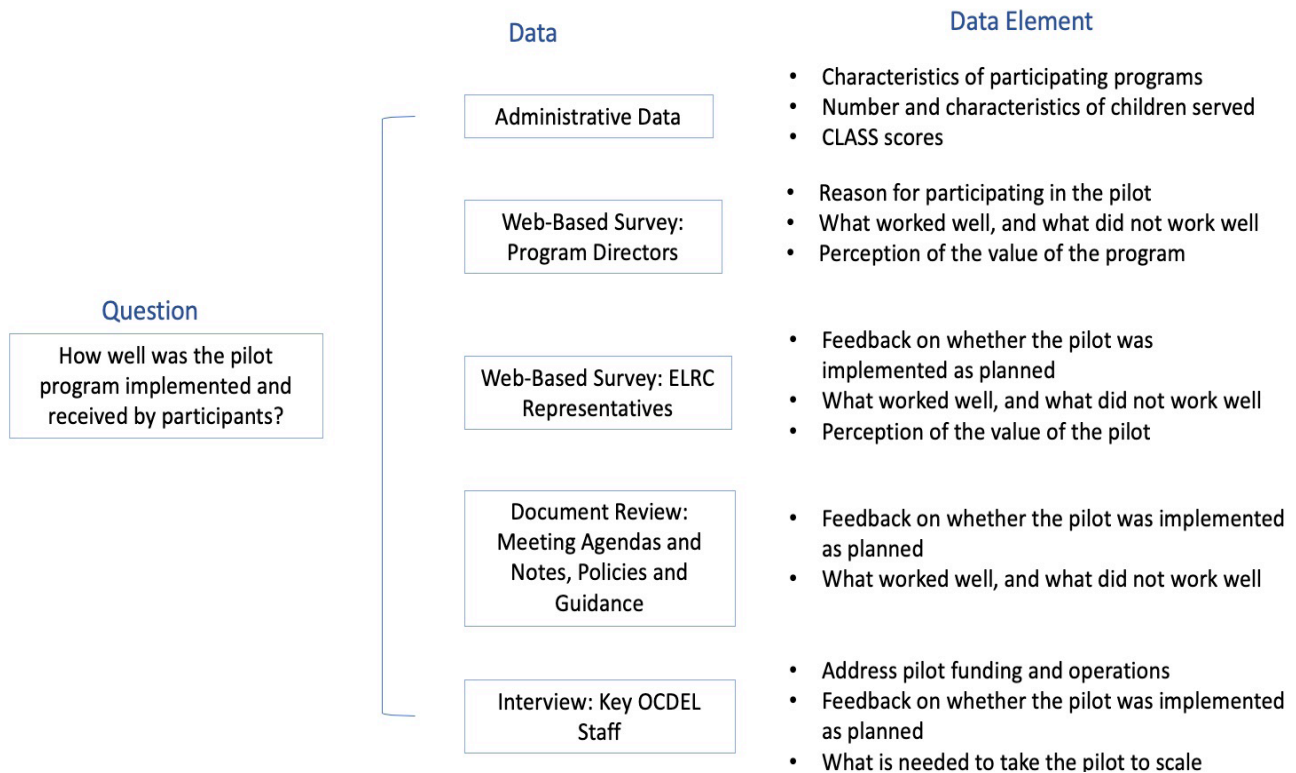- Number and characteristics of children served
- CLASS scores

- Reason for participating in the pilot
- What worked well, and what did not work well
- Perception of the value of the program

- Feedback on whether the pilot was implemented as planned
- What worked well, and what did not work well
- Perception of the value of the pilot

- Feedback on whether the pilot was implemented as planned
- What worked well, and what did not work well

- Address pilot funding and operations
- Feedback on whether the pilot was implemented as planned
- What is needed to take the pilot to scale

Figure 4. Evaluation Data Sources and Elements

Administrative Data

To describe participating programs, teachers, and children, OCDEL provided administrative data to the evaluation team. Administrative data from OCDEL data systems was extracted in the spring of 2019 once all children were enrolled in the program. Data on enrolled children was extracted again during the fall of 2019 to capture any changes that may have occurred during the first year of the program.

Program Description

STAR Level
Licensed Capacity
Number of children served by Child Care Works by age of child
Number of children enrolled in Pre-K Counts

Teacher Qualifications and Experience

Teacher certification level
Area of degree achieved
Years of early childhood teaching experience
Total years of teaching experience

Child Description

Age of child
Number of children with siblings served by Child Care Works
Number of children with siblings enrolled in Pre-K Counts
Number of children with siblings participating in Pilot Program

All classrooms participating in the Infant and Toddler Contracted Slots Pilot Program were observed over a two-month period using the Classroom Assessment Scoring System (CLASS) observation tool. A trained and certified observer visited each of the classrooms and used the appropriate CLASS observation tool based on the ages of children in the classroom. Each of the observation tools is organized into at least one domain which is subdivided into dimensions (see Table 1). Following the observations, CLASS observers rated each dimension on a 7-point scale, from low to high.

- Scores of 1-2 mean the quality of teacher-child interactions is low. Classrooms in which there is poor management of behavior, teaching that is purely rote, or that lack interaction between teachers and children would receive low scores.
- Scores of 3-5, the mid-range, are given when classrooms show a mix of effective interactions with periods when interactions are not effective or are absent.
- Scores of 6-7 mean that effective teacher-child interactions are consistent throughout the observation period.

Table 1. CLASS Domains and Dimensions

Tool	Class-I (Infant)	Class-T (Toddler)	
Domain	Responsive Caregiving	Emotional and Behavioral Support	Engaged Support for Learning
Dimension	• Relational Climate • Teacher Sensitivity • Facilitated Exploration • Early Language Support	• Positive Climate • Negative Climate • Teacher Sensitivity • Regard for Child Perspectives • Behavior Guidance	• Facilitation of Learning and Development • Quality Feedback • Language Modeling

CLASS scores were shared with the program directors to support their continuous quality improvement efforts, and with the evaluation team. Scores cannot be used by OCDEL or their partners to impact any decisions related to funding opportunities or a program's participation in Keystone STARS.

Initial Director Survey

Propulsion Squared gathered feedback directly from the directors of programs participating in the pilot. The web-based survey was sent electronically to all 14 programs participating in the pilot program. The survey was open for three weeks during June 2019. Thirteen surveys were completed, with one director providing feedback for both of their locations participating in the pilot. The survey gathered input on directors' reasons for participating in the pilot, their perception of the benefits of participating in the pilot for the program and their children and families, and their experiences with the RFA process and enrolling children.

Initial ELRC Survey

In addition to the feedback gathered during the regular ELRC Implementation Team Virtual Meetings, an electronic survey was sent to each participating ELRC. A representative from each ELRC responded to the survey, with the exception of the ELRC 5[1]. The purpose of the survey mirrored the Initial Director Survey. The survey gathered feedback on the extent to which the design of the pilot addressed the intended goals, the perceived benefits for participating in the pilot for programs and children and their families, the readiness of the ELRC to implement the pilot, and their experience managing the RFA process and supporting providers to enroll eligible children.

Document Review

The core Implementation Team routinely met with representatives from the participating ELRC regions via virtual meetings to discuss key issues that arose during the implementation process (see Table 2). ELRC representatives gave their input on what was working well and the obstacles they faced. They also shared any feedback they received from the participating programs in their region. A member of the evaluation team attended all of these meetings and took notes. In addition, the evaluation team met directly with members of the Implementation Team each month to review the overall functioning of the implementation process and clarify any issues that arose. Agendas and notes from those meetings were reviewed to highlight and track major themes over the course of the first year.

Table 2. Monthly Record of ELRC Implementation Team Virtual Meetings and Meetings with Evaluation Team

Year	Month	ELRC Implementation Virtual Meetings	Meetings with Evaluation Team
2018	Sept	2	1
	Oct	1	2
	Nov	1	1
	Dec	1	0
2019	Jan	1	1
	Feb	2	1
	March	0	1
	April	1	2
	May	1	1
	June	1	1
	July	1	1
	Aug		1
	Sept	*Year Two Request for Application Process (did not meet)*	1
	Oct		1
	Nov		0

---

1 Three programs from ELRC 5 participated in the first year of the pilot program. During that year, the organization that would administer ELRC 5 transitioned. Although a representative from ELRC 5 participated in the ELRC Implementation Team Virtual Meetings, ELRC 4 administered the RFA process, negotiated the contracts, and oversaw the participating programs. In future years, ELRC 5 will fully administer the pilot program in their region.

A short-term outcome of the pilot program is to draft program guidelines that will govern the administration of the pilot in future years. Over the course of the first year, OCDEL developed and refined a Policies, Guidance, and Clarifications document for the pilot. It outlines the policy statements and subsequent clarifications for general program operation, child eligibility, enrollment and attendance, staffing, class ratios and size, collaboration with agencies that provide services to young children, communicating with families, and transitions for children aging out of the pilot. The multiple iterations of the document were archived and used by the evaluation team to track policy changes that occurred during the first year of the pilot.

Interviews with Key OCDEL Staff

OCDEL staff in charge of implementing the pilot program were interviewed over a 6-week period during the fall of 2019. Five staff members participated in the semi-structured interviews. The purpose of the interviews was to gather staff input on the how well the program functioned, the barriers they confronted during implementation and how they addressed them, and the issues that should be addressed moving forward as the program expands. Each staff member interviewed represents key areas within OCDEL and components of the pilot program.

- Deborah Wise, Chief, Division of Standards and Professional Development
- Becky Mercatoris, former Director, Bureau of Early Learning Policy and Professional Development
- Christine Baldini, Director, Bureau of Finance, Administration and Planning
- Adrienne Smyth, Chief, Division of Program Management and Operational Supports
- Jessica Sands, Chief, Division of Policy

Findings

The findings from the first year are organized into sections. The first describes the findings in context of the implementation stages of the evaluation framework. The sections that follow answer a series of formative evaluation questions and present evidence from the data collected by the evaluation team.

Implementation Stages

Implementation occurs in four discernable stages[1]. During the first stage, the **Exploration Stage**, stakeholders identify the necessary infrastructure elements to support the implementation of the project. Work conducted during the Exploration Stage began prior to the evaluation. Over the course of one-year OCDEL gathered a group of diverse stakeholders to complete the *Strengthening State and Territory Infant/Toddler Child Care System Policies and Practices: A Tool for Advancing Infant/Toddler Child Care Quality*[2]. An outcome of the work was that the group collaboratively set goals based on the results, and OCDEL was able to leverage the use of the tool to build support for a pilot to test a financial strategy for equal access and supply-building for infants and toddlers. In addition to building support, OCDEL reviewed their capacity to use contracts for care and identified existing structures upon which a successful pilot could be built. Using their experience with PA PKC, OCDEL built upon the model's infrastructure and processes to guide the implementation of the pilot. OCDEL also relied on the existing capacity and experience of current PA PKC grantees to assume the responsibilities of managing a new contract. The system of ERLC's also provided important infrastructure elements to the pilot. ELRC partners administered the contracts, monitored programs, and provided a pathway to share information between OCDEL, regional partners, and programs.

During the Exploration Stage, OCDEL established an Implementation Team that deliberately oversees the implementation of the pilot program. The Implementation Team reports directly to OCDEL's leadership team of directors from each of its bureaus and is managed by a Pilot Project Manager with considerable experience with the PA PKC model. In addition, the team consists of staff with expertise in child care subsidy, PA PKC, the ELRC structure, and Pennsylvania's quality rating system and supports, Keystone STARS.

The second stage, the **Installation Stage**, established the competencies and infrastructure to ensure successful implementation. A key component of that success is clear communication between stakeholders. During the Installation Stage, OCDEL expanded the Implementation Team to include representatives from each of the participating ELRCs. Their participation in the planning process created a series of inter-connected feedback loops between OCDEL, the ELRC, and participating early care and education programs. The expanded team gathered information, in some cases jointly processed it, and communicated findings and decisions.

Participating programs were chosen through a Request for Application (RFA) process that was administered through each ELRC. During the Installation Stage, input from ELRC representatives refined the RFA process. The ELRC's had differing levels of experience administering the RFA process, and each had their own internal processes for establishing contracts. Per the request of ELRC representatives, OCDEL supported the building of the ELRC's capacity to conduct the process by providing templates, sample contracts, and suggested language.

---

1 Metz, A., Naoom, S.F., Halle, T., & Bartley, L. (2015). An integrated stage-based framework for implementation of early childhood programs and systems (OPRE Research Brief OPRE 2015¬ 48). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services
2 Child Care State Capacity Building Center. (2017). Strengthening state and territory infant/toddler child care system policies and practices: A tool for advancing infant/toddler child care quality. Fairfax, VA: Child Care State Capacity Building Center.

Conducting the RFA process was the first activity put into practice during the **Initial Implementation Stage**. After completing the RFA process and establishing contracts, participating programs began to enroll children with the help of their ELRC. In some cases, programs transitioned into the pilot funding stream infants and toddlers already enrolled in their program. In other cases, new infants and toddlers were taken from the program or the ELRC's waitlists. In all cases, the ELRC determined child care subsidy eligibility.

The interconnected feedback loops established during the Installation Stage supported the Implementation Team to rapidly respond to issues that emerged during the initial implementation of the pilot. ELRC representatives presented questions or concerns to the Implementation Team during their routine virtual meetings. These concerns were often gathered directly from participating programs. If needed, the issues were brought to the OCDEL leadership team and their input and decisions were communicated back to the ELRC via the Implementation Team. The ELRC was then responsible for communicating with the participating programs in their region.

Data gathered during the Initial Implementation Stage was used to monitor and improve the necessary infrastructure, check to see if the assumptions underlying the program design were met, and develop connections to resources that could support the practices and organizations of the pilot. During this stage, the Implementation Team with the ELRC representatives also addressed the following issues that emerged:

- Clarifying that programs should give priority to children that need care five days per week, but are able to subdivide a slot if more than one child needs less care
- Addressing any confusion that programs use the 4:1 child to adult ratio established by pilot, which differs from child care regulations
- Establishing guidelines for how the pilot funding can and cannot be used by programs
- Determining which enrollments should be prioritized
- Funding care for children that need care during non-traditional hours
- Developing a safety net for families who transition out of the program but still need subsidized care

During the first year, the pilot program did move into the fourth stage, **Full Implementation**. In the Fall of 2019 the decision was made to expand the pilot's funding to serve an additional 1,000 infants and toddlers. As of December 2019, not all programs were under contract. The initial findings of the expansion will therefore be included in future evaluation reports. In addition, in future years the evaluation will be better suited to assess the short-term outcomes of the pilot project.

Who Participated in the Pilot Program?

The RFA was sent out in the Fall of 2018, and successful programs were notified in the winter of 2019. Five ELRC regions were purposely chosen by OCDEL to participate in the program[3]. During the first year of the pilot program, 110 children were served by 14 programs located in five ELRC regions (see Table 3).

Table 3. Pilot Program Enrollment

ELRC	Program	Total
10	Lancaster Early Education Center	*20*
10	YWCA of York Day Care Center	*8*
17	Calvery Baptist Church	14
10	York Day Nursery	*8*
5	Shady Lane	*4*
5	Riverview Children's Center	3
5	Crafton' Children's Corner	*4*
4	Latrobe Kinderschull	*8*
4	Once Upon a Time	4
4	Appleseed Learning Center	5
17	Play and Learn Lansdale	7
17	Play and Learn Center Hatboro N.	*8*
17	YWCA Pottstown Ready Set Grow	*10*
5	JBS Bright Beginnings	7
	Total	*110*

A proposed outcome of the pilot is to strengthen continuity of care for children age 0-3, and to maintain that continuity, when possible, as children transiton into pre-kindergarten programing. The younger a child is enrolled, the more time they are able to participate in the activities of the program. The age breakdown of children enrolled in the pilot supports this assumption of the program. In a small number of cases, programs enrolled transition preschool age children into the pilot. However, the greatest precentage of children enrolled were infants and young todddlers (see Figure 5). Future evalaution reports will analyze if these children remained in the pilot program, and if applicable, transitioned into pre-kindergarten classrooms.

---

3 No programs in one ELRC region submitted an application to participate in the program. A more in-depth discussion of the circumstances is found in Adjusting the Cost per Child section on page 25 of this document.
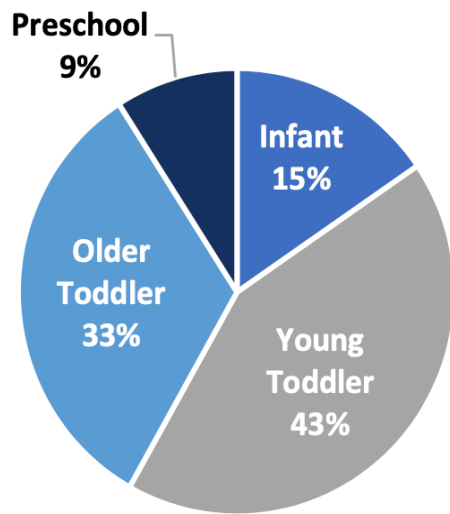
Figure 5. Percentage of Enrolled
Children by Age Group

What is the Quality of the Participating Programs?

The majority of programs participating in the pilot are relatively large, serving multiple age groups in multiple classrooms. Program sizes range from 58 – 304 children, with an average program size of 133 children. Half of the programs serve school-age children, in addition to serving infants, toddlers and preschoolers.

The pilot program wanted to build on OCDEL's experiences and existing PA PKC infrastructure to implement the program. In addition to programs being a STAR 3 or 4 provider and already serving infants and toddlers, participating programs are well-established. The number of years they have been operating ranges from 10 to more than 100. In addition, directors reported serving infants and toddlers for roughly the same amount of time. Only one director reported serving infants and toddlers for less than 10 years. No programs offer Head Start programming, but 23% of directors reported providing Early Head Start programming.

CLASS Observations

The primary purpose of using CLASS observations during the pilot program was to provide feedback to participating programs for their internal continuous improvement, and to identify factors that contribute to or inhibit the successful implementation of the pilot.

Infant Classrooms

Of the 27 classrooms participating in the pilot program, 9 are infant classrooms. The size of classrooms varies from 2 infants to 10, with an average size of 6 infants. During the observation all classrooms had at least one adult for every 4 children.

Overall, the scores for the Responsive Caregiving domain indicate a level of high-quality care in the classrooms (see Figure 6). The average score for the domain is at the very high end of the mid-range, bordering high consistently demonstrating. In addition, both the average scores for the Relational Climate and Teacher Sensitivity dimension are at the top of end the scores. The remaining two dimensions, Facilitated Exploration and Early Language Support are also sufficiently high. However, the ranges of scores for these dimensions are quite large with some classrooms achieving perfect or nearly perfect scores and other scoring at the low end of the mid-range category.

The STARS standards identity a minimum score for each domain that a program must meet for a STAR 3 or STAR 4 quality rating. For infant classrooms, the STARS standards set a threshold score of 4.0 for the Responsive Caregiving domain for STAR 3, and a 5.0 for a STAR 4. All of the classrooms participating in the pilot programs achieved an average score higher than the STAR 4 threshold, providing strong evidence that the participating classrooms are providing high quality care for infants.
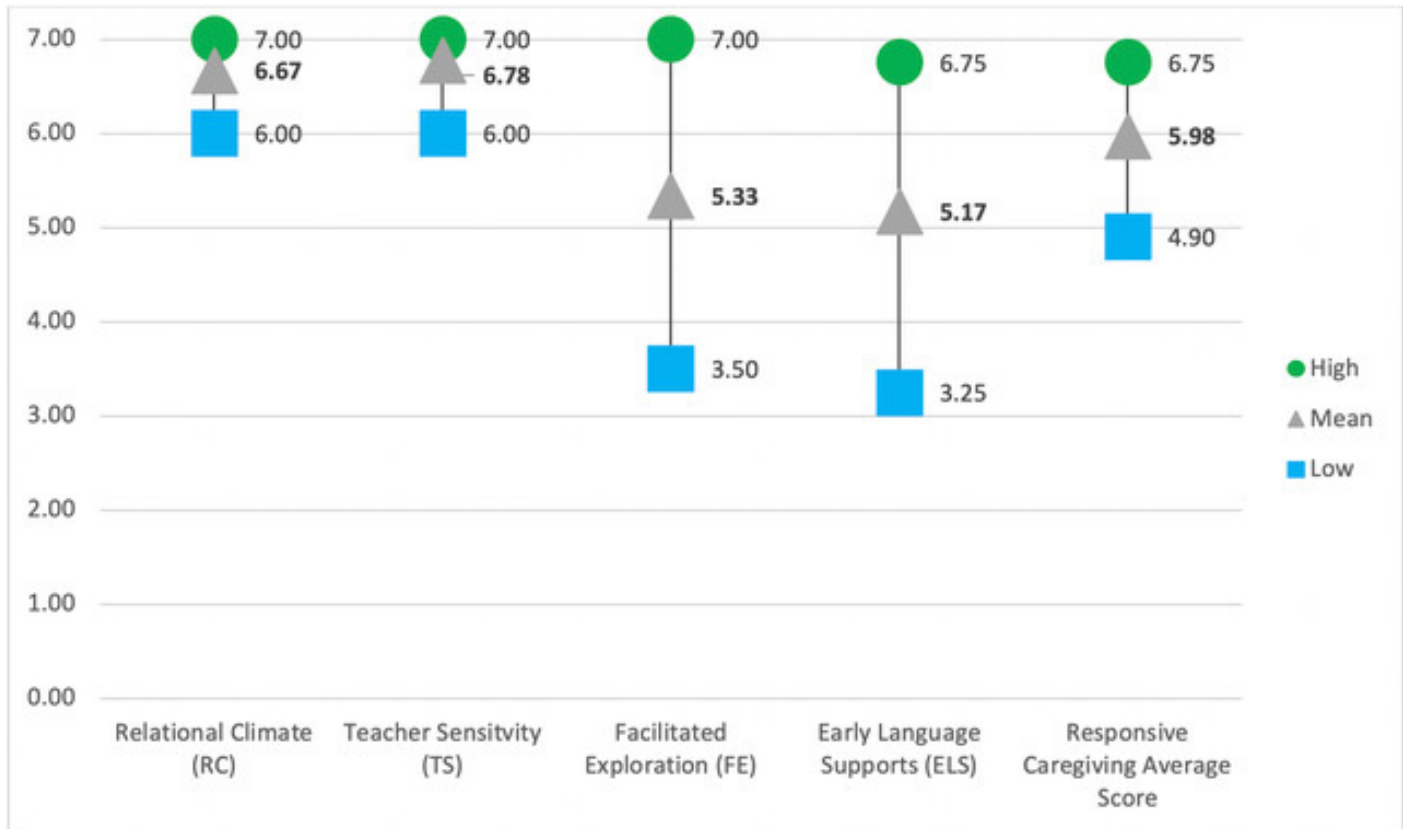
Figure 6. Responsive Caregiving Scores for Infant Classrooms

Toddler Classrooms

Eighteen toddler classrooms were observed. Two of these classrooms were mixed-age classrooms with both infants and toddlers. When observing a mixed-age classroom, observers utilize the tool for infants and the tool for toddlers. They alternate between the tools for each cycle of observation. At the end of the observation classrooms receive scores for both of the tools which they can use for their internal continuous quality improvement. In both of the mixed-age classrooms, the majority of children were toddlers. Consequently, the scores from the toddler tool are utilized for this analysis.

Toddler classrooms were slightly larger than the infant classrooms. The number of children varied from 14 to 4, with an average of 8 children. During the observation the child to adult ratio varied. Fifteen of the 18 classrooms met the ratio of 1 adult for every 4 children. In the remaining 3 classrooms the ratio was elevated to 1 adult for every 5 or 6 children.

The minimum average score for Emotional and Behavioral Support is 4.0 for STAR 3 and 5.0 for STAR 4 (see Figure 7). Every classroom exceeded the STAR 3 threshold score, and all but three classrooms achieved scores surpassing the STAR 4 threshold score for the domain. The scores for the Engaged Support for Learning domain and dimensions are considerably lower than the previous domain (see Figure 8). The average score for the domain, and the dimensions, are all mid-range scores with the scores for specific classrooms dropping into the low range.
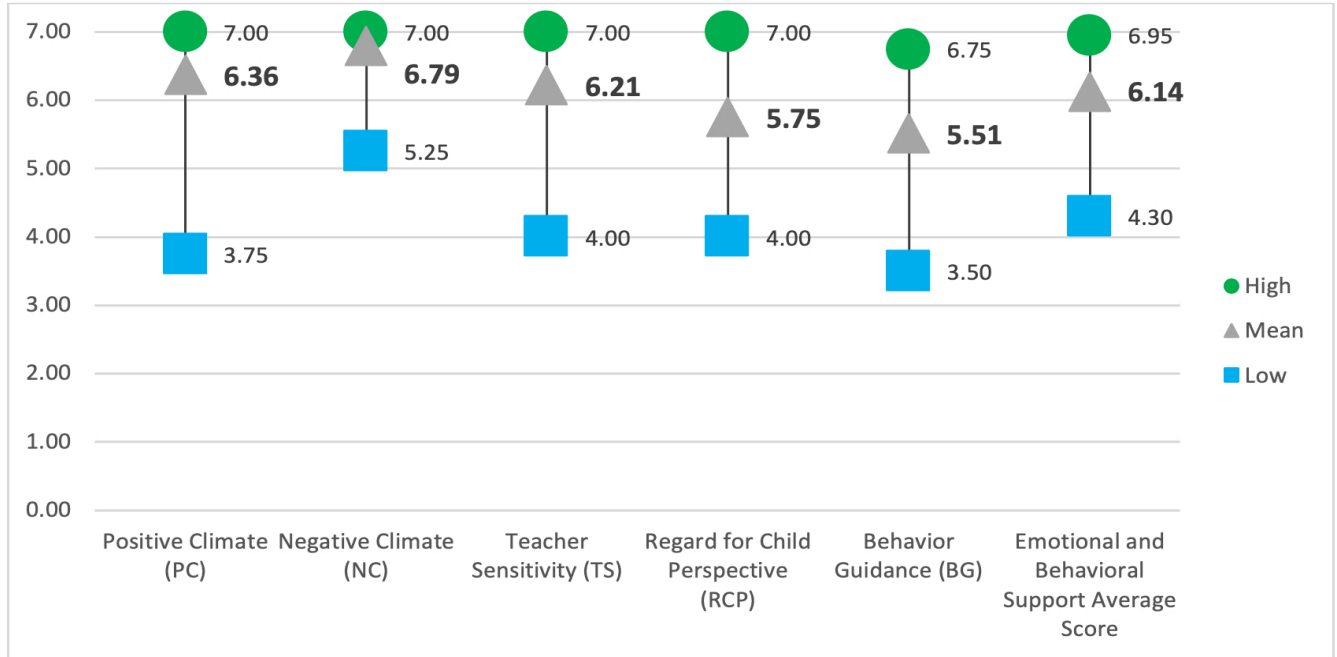
Figure 7. Emotional and Behavioral Support Scores in Toddler Classrooms

The minimum threshold scores indicated by the STARS standards put these relative low scores into context. The threshold score for Engaged Support for Learning is slightly lower, with a score of 3.0 for STAR 3, and 4.0 for STAR 4. The distribution of scores for this domain is more varied. Four classrooms did not meet the minimum score criteria for a STAR 3 program. Of the other 14 classrooms observed, 8 surpassed the STAR 3 threshold and 6 achieved scores exceeding the STAR 4 minimum.
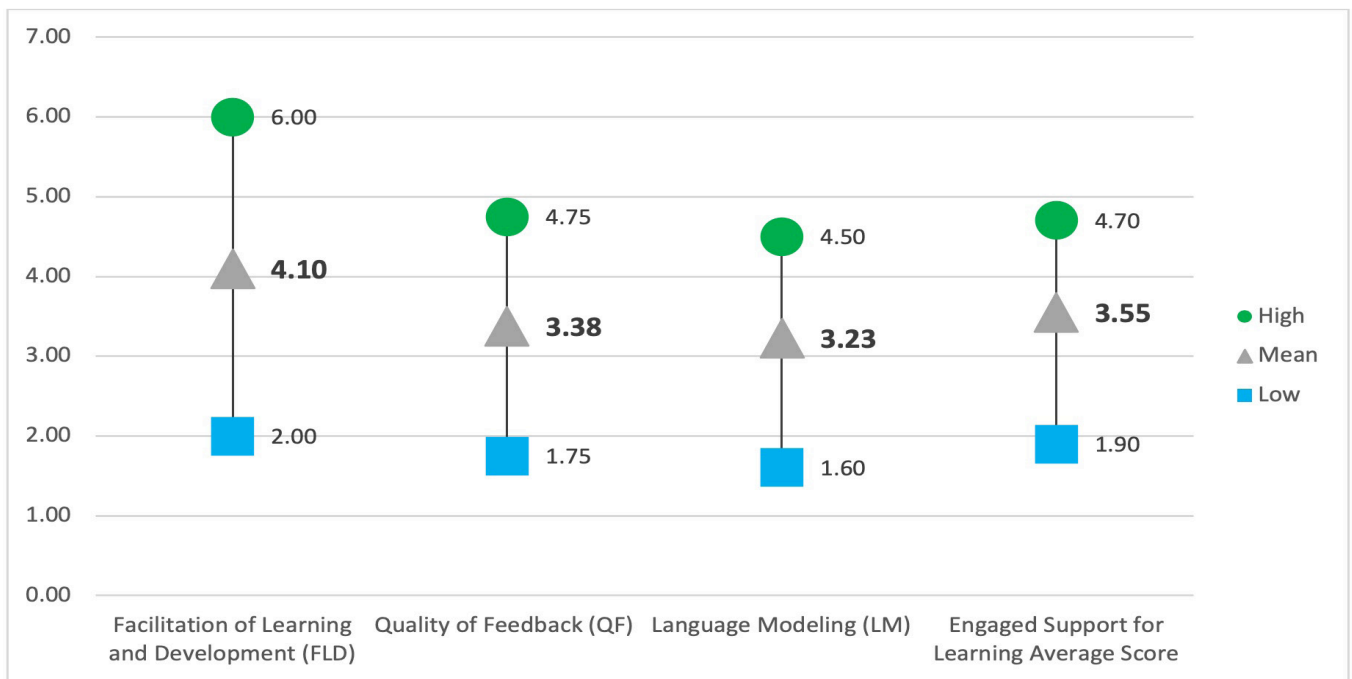

Figure 8. Engaged Support for Learning in Toddler Classrooms

How Qualified are Participating Teachers?

An additional assumption of the program is that quality programs have quality teachers. Data gathered from the PD Registry about teachers working in the pilot program showed that classroom teachers were well-qualified. On average, teachers in the pilot program had been teaching for 13 years, and on average had worked with infants and toddlers for 12 years. The CDA credential is the standard set by the pilot for quality teaching, and 24 out of 27 teachers working in pilot classrooms have a CDA or above.

What are the Perceived Goals of the Pilot?

Survey responses showed a clear understanding of the goals of the program, although there were slight differences between program directors and ELRC representatives. Program directors identified the following to be goals and purposes of the pilot:

- **Improve Access to High Quality Care for At-Risk Children:** In addition to helping families who struggle to afford high quality infant and toddler care, directors expressed that the pilot would eliminate the disparity between what a program can provide for pre-kindergarten, and what they are able to provide for infant and toddler care.

- **Enhance Program Quality:** The pilot program would help directors support their infant and toddler teachers by providing them with better training and increasing their compensation and benefits. Some directors also expressed a desire to use the pilot program to purchase additional equipment and materials for the infant toddler classroom.

- **Support Continuity of Care:** Create a continuum of high-quality programming for children ages 0-5 which will allow caregivers to develop longer and deeper relationships with children and families in their program and implement care that is responsive to the individual child and family dynamic.

- **Differing Methods for Funding Child Care:** The pilot program reimburses providers at a rate that is more in line with the true cost of providing care to infants and toddlers. It also diversifies the funding streams utilized by the program.

- **Strengthen Partnerships with Other Agencies:** The pilot would build relationships between programs and service agencies that offer support and resources for providing care for infants and toddlers.

While the majority of ELRC representatives agreed that the pilot program will reduce the subsidy waitlist, there was less agreement on the pilot's ability to support the continuity of care and increase the quality of infant/toddler programs (see Figure 9).

To what extent did the design of the infant/toddler pilot program address its intended goals and purposes?

■ Not at all ■ Somewhat ■ Very Much

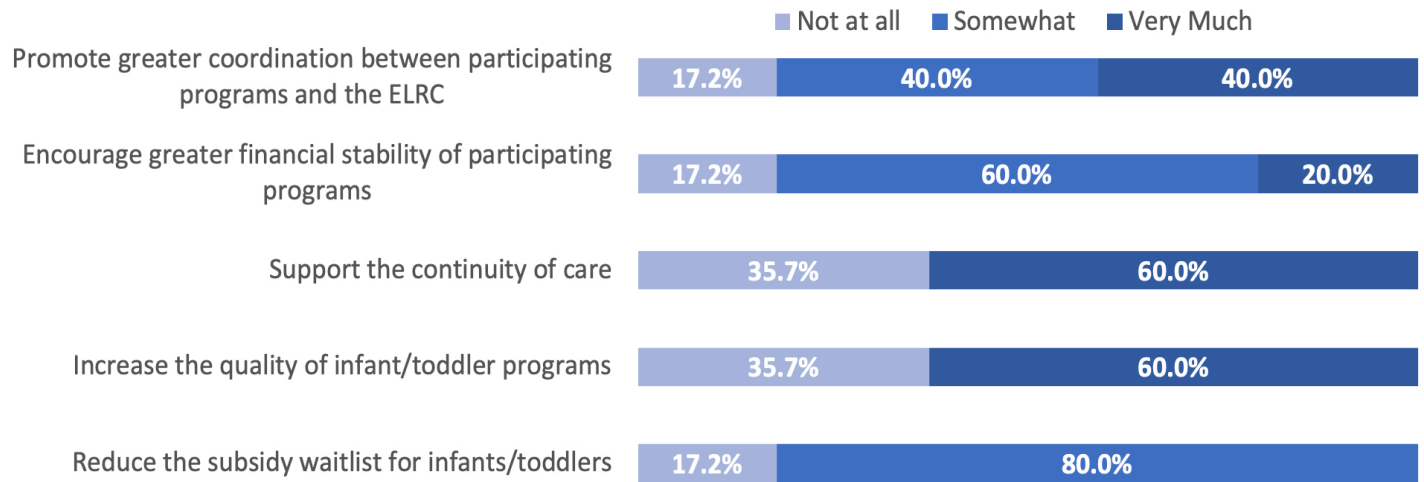|			
Promote greater coordination between participating programs and the ELRC	17.2%	40.0%	40.0%
Encourage greater financial stability of participating programs	17.2%	60.0%	20.0%
Support the continuity of care	35.7%	60.0%	
Increase the quality of infant/toddler programs	35.7%	60.0%	
Reduce the subsidy waitlist for infants/toddlers	17.2%	80.0%	

Figure 9. ELRC Representative Perception of Alignment of Pilot Goals and Purposes

What are the perceived benefits of participating in the pilot?

Both sets of stakeholder perceived benefits to participating in the pilot program for children and families. There was also overall agreement on what those benefits are (see Table 5.)

Table 5. Perceived Benefits of Pilot Program Participation

Benefits to Participating Children and Families	Benefits to Participating Programs
• Continuity of care allows the child to develop a strong relationship to the teacher and to the other children in the classroom due to the stability in the classroom, which in turn can translate into better outcomes. • Families and children develop long-term relationships with caregivers and staff. • High quality care characterized by smaller ratios, better equipment and supplies, and experienced teachers. • Benefit from making smoother, steadier, and fewer transitions, which translate into secure, stable, predictable relationships. • Increased access for kids on waitlist and families using part week care who can now attend full week because of the program. • Reduced financial strain because of no cost for tuition nor co-pay. • Reduce time spent on waiting lists. • Children participating in more age-appropriate activities. • Stable slot because families are not required to complete a redetermination for CCW eligibility for up to 3 years.	• Additional funding stream and resources to increase quality. • Enroll some children on the waiting lists. • Stable enrollment and funding. • Do not rely on parents to pay a co-payment. • Increased reimbursement rate to increase staff compensation and benefits, which increases retention. • Continuity of care which promotes forming more meaningful relationships with children and their families and allows programs to better understand the needs of families. • Increased reimbursement rate that is approaching the true cost of infant/toddler care allows programs to provide higher quality care (lower ratios, purchase additional equipment). • Establishes a continuum of care that extends from infants to enrollment in PA PKC.

How Ready were the ELRCs to Implement the Pilot?

The ELRC is an important component of Pennsylvania's early childhood system as they act as the link between the state system and the local provider communities. The majority of ELRC representatives felt confident that they and their region were ready to implement the pilot program (see Figure 10). An area for possible additional support is the RFA and contract negotiation processes.

To what extent were and your region ready to implement the pilot program?

Not at all ■ Somewhat ■ Very Much

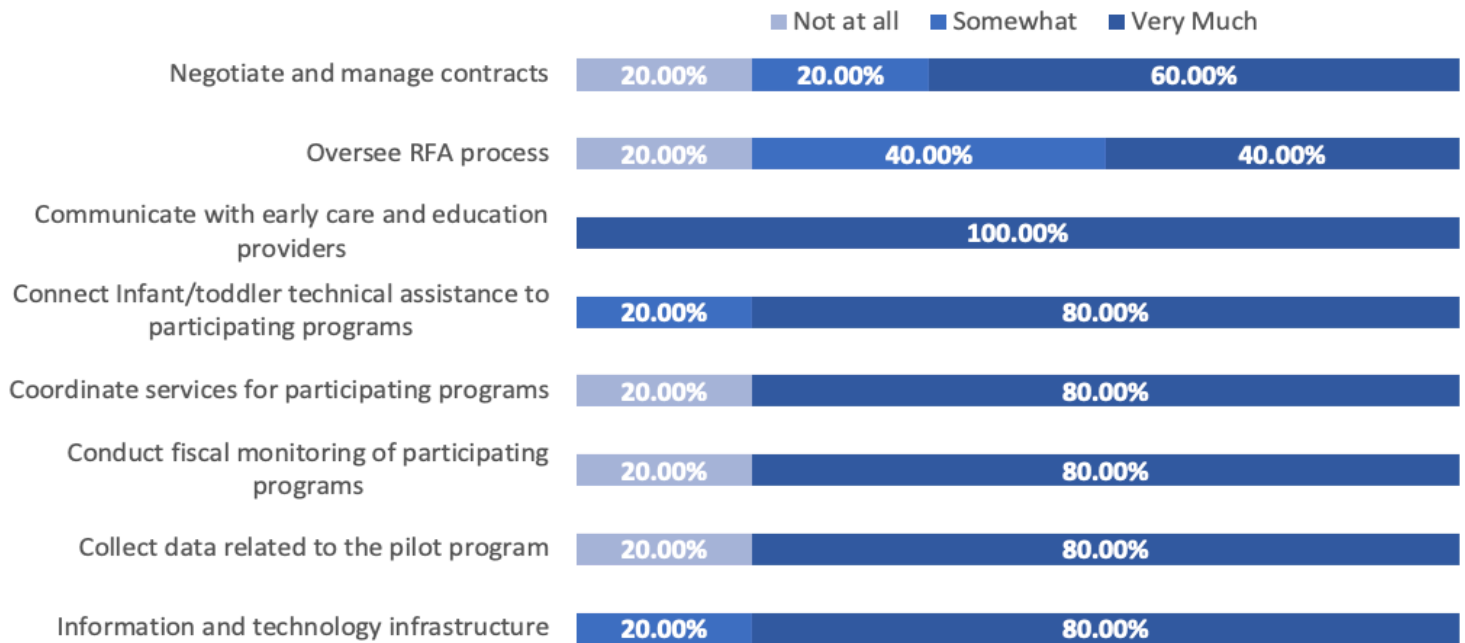|	Not at all	Somewhat	Very Much
Negotiate and manage contracts	20.00%	20.00%	60.00%
Oversee RFA process	20.00%	40.00%	40.00%
Communicate with early care and education providers			100.00%
Connect Infant/toddler technical assistance to participating programs		20.00%	80.00%
Coordinate services for participating programs	20.00%		80.00%
Conduct fiscal monitoring of participating programs	20.00%		80.00%
Collect data related to the pilot program	20.00%		80.00%
Information and technology infrastructure		20.00%	80.00%

Figure 10. Perceived ELRC Readiness to Implement the Pilot Program

Request for Application Process

Feedback from ELRC representatives was mixed on the ease with which they were capable of conducting the RFA process. They acknowledged that not having clearly defined dates and timelines was partly a result of this being a pilot program. Representatives suggested that the timelines, direction, and documents provided be improved, and that it would be helpful to have a tentative schedule of due dates, implementation dates, etc.

Representatives also questioned the appropriateness of the RFA process to address the goals of the pilot program. They questioned if the process truly built capacity to serve infants and toddlers, suggesting that the process only "supplanted funds." They also shared that in some regions of their ELRC a provider may be unable to fill all of the slots awarded via the pilot program, while in other regions there are growing waiting lists for infants and toddlers. They suggested that the RFA process be eliminated. In its place, the pilot should target those areas where infants and toddlers are underserved due to lower provider capacity. They also noted that the RFA process does not work if the right providers do not apply or do not have enough incentive to provide quality early care and education to infants and toddlers.

Overall, program directors did not perceive the application process to be difficult (see Figure 11). However, a common challenge identified by program directors was the time constraint to quickly get the application ready and completed. In addition, one director commented that the short time period from notice of the grant award to implementation of the program also presented a challenge for the program to be ready to serve children.

Level of difficulty going through the RFA process and contract negotiation

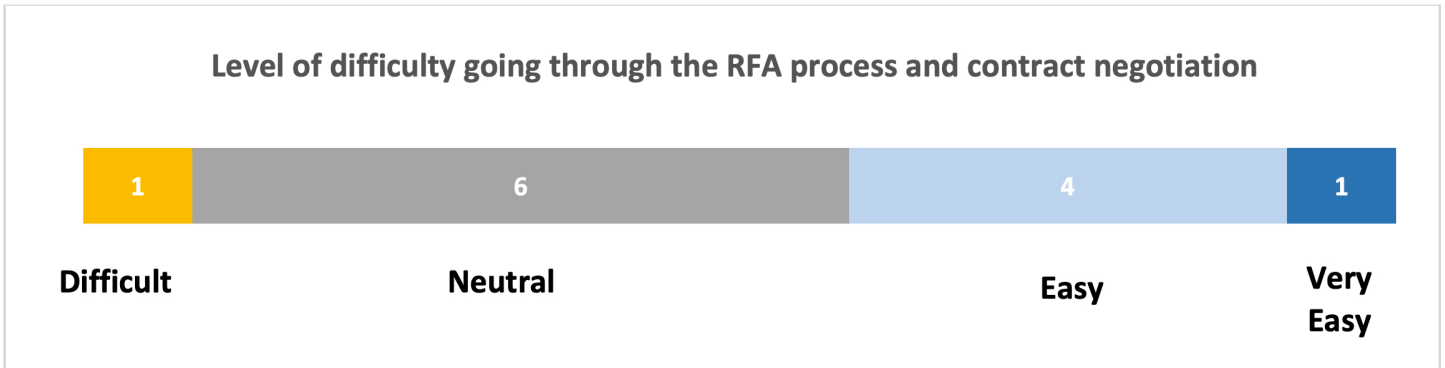| 1	6	4	1
Difficult	Neutral	Easy	Very Easy

Figure 11. Program Directors' Perception of RFA Process and Contract Negotiation

One director commented that the RFA was comprehensive and there were many parts to the process, which made the process challenging. A couple of directors reported that their previous experience as a Pre-K Counts grantee gave them the experience needed to navigate the RFA and contract negotiation process. They also noted that when they had questions they were not able to answer, the support provided by ELRC representatives helped them to successfully progress through the process.

Getting information about the pilot was also identified as difficult. The information was not forthcoming for a couple of months, and some of the information was unclear. One director said they had to be proactive. They consistently asked people with whom they came into contact about the pilot for months until more information became available.
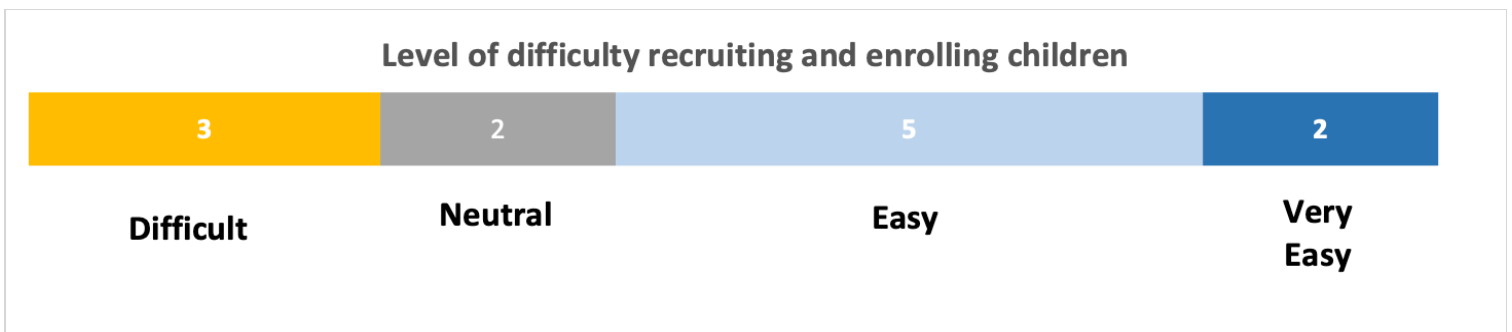
Level of difficulty recruiting and enrolling children

3	2	5	2
Difficult	Neutral	Easy	Very Easy

Figure 12. Program Directors' Perception of Recruiting and Enrolling Children

Recruiting and Enrolling Children

Most Directors did not feel that recruiting and enrolling children was difficult (see Figure 12). They reported that recruitment and enrollment was quite simple because they had existing students who met the eligibility criteria and were able to enroll them, either by switching their funding stream to the pilot program or taking them off the program's waitlist or the ELRC's waitlist for subsidy eligible children. In cases were programs struggled to find children, ELRC representatives reported working closely with them to recruit from waitlists by contacting eligible families via email brochures to families on waitlist. Representatives did suggest that moving forward it would be helpful for OCDEL to produce material that can be distributed to families about the pilot program. Although the recruitment and enrollment was relatively easy, representatives did suggest that beginning the program in August or September, instead of midyear, would further support their ability to recruit eligible children. ELRC representatives also suggested targeting slots in regions where there is a high number of children who are eligible for the pilot, but there is insufficient space available at participating providers.

Having a strong relationship between the ELRC and programs to verify a family's eligibility prior to awarding the slot was highlighted by program directors to help the enrollment process. In addition, providing families with a direct contact at the ELRC streamlined the application process. Increased communication would further help programs to directly support families in the application process to ensure they submit a complete application with all of the necessary paperwork.

Directors did report that some families who were already receiving child care subsidy expressed their reluctance to participate because of the potential to lose subsidy if their child leaves the pilot program. One director reported that the program had to promise to help fund a family who was reluctant by promising to fund the child out of the program's operating budget if the pilot program does not continue, or the family is put on the waitlist.

In addition, some families were confused about the criteria for eligibility. Directors identified three areas of confusion: families receiving child care subsidy through TANF funds are not eligible to participate in the pilot; some income-eligible families don't meet the work requirements for Child Care Works; and families eligible for PKC with younger siblings aren't income eligible for the Infant/Toddler pilot.

Conclusion

In 2019, Governor Wolf announced that the pilot would expand to serve an additional 1,000 infants and toddlers. This substantial increase will quickly move the pilot program into the Full Implementation Stage, which will require efficient and effective infrastructure to produce the intended outcomes of the pilot. The RFA process for the first year of expansion began in the Fall of 2019, and at the time of writing this interim report, the process had not yet finished. Therefore, this report does not provide feedback on the initial aspects of expansion.

This interim report describes the initial stages of the implementation of the pilot. It combines data sources from the first year of planning and initial installation of the program and predominantly focuses on the formative aspects of the evaluation, which provide quality data to the Implementation Team to understand how well the pilot is being implemented. Moving forward as the pilot progresses into the Full Implementation Stage, there will be a greater focus on the summative components of the evaluation, which will assess how well the pilot is achieving the outcomes identified in the Theory of Change. The following section uses the data from the director survey, ELRC representative survey, administrative data, document review, and interviews with OCDEL staff to highlight areas where OCDEL made changes to the pilot based on the feedback they received, as well as areas that are important to the continued improvement of the pilot moving forward. These areas are indications of the pilot's ability to rapidly adjust essential components and infrastructure to support implementation. This section does not identify a set of concrete recommendations. Instead, it leaves those for the final report that will incorporate a more robust set of data from an entire year of children being enrolled in the pilot.

Data that Support Monitoring and Improvement

During the first year of the pilot, the series of interconnected feedback loops produced quick and effective communication between the pilot stakeholders. With program expansion, the infrastructure developed to support data-informed decision-making between a relatively small group of stakeholders may need to be adjusted to incorporate the larger number of participating programs and ELRC partners.

To effectively monitor implementation and take any necessary steps to improve the pilot requires the Implementation Team have valid and reliable data. In addition to data sources used for the evaluation, the Implementation Team will need to assess whether or not additional data sources are needed, and whether the appropriate data collection, analysis, and reporting systems exist.

Moving forward, outcome data will be needed to assess if the pilot is achieving its intended results. That data should support the following key short- and medium-term outcomes:
- Assess if the pilot program has impacted the continuity of care for the participating infants and toddlers. Future analysis will need to examine a child's length of stay in the pilot program, and if possible, compare the length of stay to children not enrolled in the program.
- Determine whether programs are able to retain the teachers in the pilot classrooms.
- Describe how programs utilize the increased reimbursement rates. For example, was the higher rate enough to increase teacher salaries or benefits?
- Identify if the pilot program has an impact on the number of children on the CCW waitlist for all age groups?

Request for Application Process

Overall feedback from program directors and ELRC representatives for the first RFA process was positive. Stakeholders did suggest areas for adjustment that would improve their experience. OCDEL incorporated that feedback and introduced changes to the RFA process for the first year of the pilot expansion. One change was to focus on clear and timely communication. OCDEL used various mechanisms to communicate deadlines to partners. In addition, OCDEL created a website dedicated to the pilot that contains important dates, the program application and guidance. The website also includes the slide deck for the pre-application webinar OCDEL hosted and responses to frequently asked questions so that everyone interested in the pilot receives clear and consistent information.

OCDEL staff felt that separate RFA processes resulted in a fractured procurement process that wasn't working, because of the different types of partners who manage the ELRCs. To support the ELRC's, OCDEL centralized the RFA process during the first expansion year. Instead of each ELRC conducting their own process, the PA Key conducted a state-wide RFA process. A proposed benefit of the new centralized process is to standardize the timeline across all ELRCs and the ability to distribute the slots based on interest and local capacity. Because the RFA process is not yet fully completed, feedback regarding the effect of the changes from the ELRC representatives, participating program directors, and OCDEL staff is not yet available. The contracting process for the first year of expansion will remain the same. Each ELRC will receive from OCDEL the info they need to start the contracting process. Their responsibility to monitor the contract will also not change for the first year of the expansion.

Adjusting the Cost per Child

Despite the increased reimbursement rate, some program directors did not feel the cost was adequate. One program director reported, "we were challenged by not being able to provide the same level of perks and compensation we can to our PA PKC teachers with higher level qualifications. I still cannot pay my IT teachers in the pilot classroom more than $11 an hour. Not having administrative costs covered is also prohibitive, someone needs to oversee the grant and the program so that should be an allowable expense." Another director who felt the cost of programs was not adequate reported that they were not able to overcome the challenge, they just "settled." Although they were able to use the increased funds for high quality equipment and supplies, they felt there was little benefit to the organization as a whole and the pilot program provided little help with existing salary costs.

Reimbursements rates during the first year of the pilot were calculated for each county and then averaged for all of the counties in an ELRC to obtain one rate for each participating ELRC. In densely populated areas of the state, the ELRC may include one county. In other areas, the difference in rates between the counties of an ELRC are quite small. However, in at least one case the discrepancy in rates for an ELRC with one densely populated county surrounded by more rural and less densely populated counties was so large that the calculated rate for the ELRC fell below a rate that was acceptable to providers in the ELRC. As a result, the ELRC withdrew from the first year of the pilot.

Prior to conducting the second RFA process, OCDEL conducted a survey of 400 PA PKC grantees in which they asked programs to report on their interest in participating in the pilot and to identify their cost per child to implement the pilot program. However, the responses ranged from nearly twice the current amount to considerably below market rate and could not be used to estimate an appropriate reimbursement rate for the pilot.

Members of the Implementation Team worked to ensure that any new rate calculation was not only easy to understand, but also could be replicated. Additional analysis of the new rate structure for the pilot verified that the proposed rates were greater than the classroom rate a program would receive to care for infants and toddlers not enrolled in the pilot. The new adjustments set a 30% increase over the current rate for infants in a STAR 4 program as the minimum. In addition, the newly adjusted rates for the pilot moved the rates for each county closer to the rate levels specified by the Child Care Development Block Grant. It is worth noting that the level of increase was not the same across the ELRCs. In some cases, the amount needed was larger than others. Moving forward, OCDEL staff reported that the rates will need to be refined.

Expanding the Implementation Team

During the pilot year, the Implementation Team was composed of a small group of staff at OCDEL's central administrative office located in Harrisburg. During the first year of the pilot, the ELRC's appreciated the support they received from the Pilot Project Administrator and Implementation Team. They reported that if they had questions, they were able to get them answered via the Virtual Meetings or by directly reaching out to the Administrator. While this strategy was effective for the relatively small number of programs and ELRCs that participated in the first year of the pilot, the increased number of programs and ELRCs during the expansion year will demand a more robust administrative infrastructure with additional capacity to respond to the needs of stakeholders and connect the pilot to the broader set of supports and initiatives offered by OCDEL and its partners. In response, the Implementation Team will expand and include additional staff to support the Pilot Project Manager, oversee the newly created Infant and Toddler specialists, and ensure that the team is able to make connections and build necessary cross-program collaborations.

Infant and Toddler Supports

Although a stated goal of the pilot, establishing access to infant and toddler supports was not a priority of the first year of the pilot year. OCDEL staff reported that the goal of the first year was to predominantly focus on the fiscal aspects of the pilot. Moving forward, the pilot program will need to monitor what types of support currently exist for programs serving infants and toddlers, which of those services are utilized by participating programs, and what additional supports are needed by participating programs to ensure their success. A key component of this strategy will be the creation of Infant and Toddler Specialists located at the PA Key. Similar to PA PKC specialists that support PA PKC classrooms, Infant and Toddler Specialists will support programs to implement program policies so they address the specific context of each pilot classroom. Specialists will also be able to identify supports with-in the system for infant and toddlers and connect pilot programs to them. For example, Specialists could play a significant role in determining what support infrastructure is needed for teachers and build connections with the newly established Professional Development Organizations to build supportive infrastructure for teacher training and certification that is specific to caring for infants and toddlers.

Combing Different Systems

The pilot program combines multiple systems together, at different levels. To be successful, the pilot program must build the necessary capacity of stakeholders to interact with systems that may be unfamiliar to them. For example, funding for the pilot comes from the federal Child Care Development Fund (CCDF), which establishes specific guidelines for how the funds can and cannot be used. Since the pilot builds on the PKC foundation, meshing the two systems together was at times difficult. Individuals and organizations with PA PKC experience did not always have sufficient knowledge of the CCDF budget requirements, which differ from the budget requirements of PA PKC. In addition, CCDF funds cannot address all capacity building needs of participating programs.

Knowledge of specific implementation infrastructure varies at the local level. The ELRC structure is new in that it combines the administration of child care subsidy and early care and education supports. In most cases, the business partners that currently manage the ELRC previously managed one aspect or the other of the new combined system. Consequently, OCDEL staff reported that each ELRC has a different level of experience with the different systems of the program. As the program expands and a greater focus is given to connecting programs to infant and toddler supports, OCDEL will need to identify ways to quickly build each ELRC's capacity to work with multiple systems.

In general, OCDEL's data system met the basic needs of the pilot program. The current systems can track children and process payments. However, these actions are done in separate databases of the system, which can make transferring information within the system difficult. Fiscal monitoring and budgeting is currently done outside of the system on spreadsheets. A budget format for PKC does exist, however, it is located in a system not used by the pilot. In addition, the template would need to be revised to meet the requirements of CCDF. Assessing system integration and building, and identifying what funds can be used to tackle these issues will be an important issue as the pilot program expands and more complex monitoring and analysis is needed.

Appendix A: Initial Program Director Survey

IT Pilot Initial Director Survey

The primary goal of the Infant-Toddler Contracted Slots Pilot is to establish and study a new fiscal model. The goal focuses on the need to reduce subsidy waiting lists for infant-toddler care through contracted slots at the program level. The pilot also has goals of increasing quality within infant-toddler programs, especially those serving those children most at risk, and focusing on ways to sustain continuity of care.

The Infant-Toddler Contracted Slots Pilot builds upon the already established infrastructure of the Pennsylvania Pre-K Counts (PA PKC) Program model. PA PKC has been in existence since 2007 and provides high quality pre-kindergarten services to eligible children. Beginning such a pilot with established PA PKC programs will allow continued focus on quality programming while building strong transitions from infant-toddler to pre-kindergarten classrooms.

Propulsion Squared is evaluating the extent to which the pilot program achieves its stated goals. We would like to learn about your experiences and perceptions of the benefits of the pilot program for children, families and your program.

Your answers to the survey will be kept strictly confidential. Your participation will not affect your program's status in the pilot program. If you have any questions about this survey contact Chad Dorn at chad@propulsionsquared.com for more information.

1. What is the name of your program?

2. What is your full name?

3. What is your job title?

4. How many years has the program been operating?

5. How many years has the program served infants/toddlers?

6. How many children are currently enrolled in your program?
    A. Infants
    B. Young Toddlers
    C. Old Toddlers
    D. Preschool
    E. School Age

7. For the children participating in the pilot program, how many have a sibling enrolled in the following programs at your center?
    A. Child Care Works
    B. Pre-K Counts
    C. Private Pay Care and Education

8. Does your program currently offer Pre-K Counts?
      A. Yes
      B. No

9. How many years has your program offered Pre-K Counts?

10. Does your program currently offer Head Start?
      A. Yes
      B. No

11. For how many years has your program offered Head Start?

12. Does your program offer Early Head Start?
      A. Yes
      B. No

13. For how many years has your program offered Early Head Start?

14. How many teachers will be working directly with the children enrolled in the pilot program?

15. What is the name of each teacher that will be working directly with the children enrolled in the pilot program? How many years have they been in the infant and toddler classroom?

17. For each of the teachers you identified in question 15, how many years have they been working in your program?

18. What are your goals for participating in the pilot program?

19. Do you perceive any benefits of participating in the pilot program for children?
      A. Yes
      B. No

20. If yes, what are the benefit of participating in the pilot program for children?

21. Do you perceive any benefits of participating in the pilot program for families?
      A. Yes
      B. No

22. If yes, what are the benefits of participating in the pilot program for families?

23. Do you perceive any benefits of participating in the pilot program for programs?

24. If yes, what are the benefits of participating in the pilot program for programs?

25. Rate your level of difficulty going through the RFA process and negotiating the contract?
      A. Very Difficult
      B. Difficult

C. Neutral
D. Easy
E. Very Easy

26. What were the challenges you experienced going through the RFA process and negotiating the contract?

27. What helped you overcome the challenges?

28. Rate your level of difficulty recruiting/enrolling children to participate in the program?
   A. Very difficult
   B. Difficult
   C. Neither easy nor difficult
   D. Easy
   E. Very easy

29. What were the challenges recruiting/enrolling children to participate in the program?

30. What strategies worked well to recruit/enroll children to participate in the program?

31. Is there additional feedback about the pilot program you would like to share?

Appendix B: Initial ELRC Representative Survey

Infant/Toddler Contracted Slots Pilot Survey - ELRC Represestatives

The primary goal of the Infant-Toddler Contracted Slots Pilot is to establish and study a new fiscal model. The goal focuses on the need to reduce subsidy waiting lists for infant-toddler care through contracted slots at the program level. The pilot also has goals of increasing quality within infant-toddler programs, especially those serving those children most at risk, and focusing on ways to sustain continuity of care.

The Infant-Toddler Contracted Slots Pilot builds upon the already established infrastructure of the Pennsylvania Pre-K Counts (PA PKC) Program model. PA PKC has been in existence since 2007 and provides high quality pre-kindergarten services to eligible children. Beginning such a pilot with established PA PKC programs will allow continued focus on quality programming while building strong transitions from infant-toddler to pre-kindergarten classrooms.

Propulsion Squared is evaluating the extent to which the pilot program achieves its stated goals. We would like to learn about your experiences and perceptions of the pilot program, and your suggestions on how the pilot program can be strengthened moving forward.

Your answers to the survey will be kept strictly confidential. Your participation will not affect you or your region's involvement in the pilot program. If you have any questions about this survey contact Chad Dorn at chad@ propulsionsquared.com for more information.

1. What is your first and last name?

2. What is your job title?

3. What ELRC do you represent?
        A. ELRC 4
        B. ELRC 5
        C. ELRC 10
        D. ELRC 17

4. Rate the extent to which the design of the infant/toddler pilot program addresses its intended goals and purposes. (Not at all; Somewhat; Very Much)
        A. Reduce the subsidy waitlist for infants/toddlers
        B. Increase the quality of infant/toddler programs
        C. Support the continuity of care
        D. Encourage greater financial stability of participating programs
        E. Promote greater coordination between participating programs and the ELRC

5. Currently, how successful is the pilot program in achieving its goals?
   A. Not at all
   B. Somewhat
   C. Very Much

6. How confident are you that the pilot program will continue to achieve its goals?
   A. Not at all
   B. Somewhat
   C. Very Much

7. Do you perceive any benefits in participating in the pilot program for young children and families?
   A. Yes
   B. No

8. If yes, what are those benefits?

9. Do you see any benefits in participating in the pilot program for child care programs?
   A. Yes
   B. No

10. If yes, what are those benefits?

11. For each of the following areas, rate you and your regions' readiness to implement the pilot program. (Not at all; Somewhat; Very Much)
   A. Oversee RFA process
   B. Negotiate and manage contracts
   C. Information and technology infrastructure
   D. Collect data related to the pilot program
   E. Conduct fiscal monitoring of participating programs
   F. Coordinate services for participating programs
   G. Connect Infant/toddler technical assistance to participating programs
   H. Communicate with early care and education providers

12. Rate your level of difficulty in administering the Request for Application process and negotiating the contracts.
   A. Very easy
   B. Easy
   C. Neither easy nor difficult
   D. Difficult
   E. Very difficult

13. What suggestions do you have to improve the process moving forward?

14. From your perspective, rate the difficulty of providers in your region to recruit and enroll children.
    A. Very easy
    B. Easy
    C. Neither easy nor difficult
    D. Difficult
    E. Very difficult

15. What suggestions do you have to improve the recruitment and enrollment processes moving forward?

16. Rate your satisfaction with the communication between the ELRC and OCDEL during the planning and initial implementation of the pilot program. (Not at all: Somewhat; Very Much)
    A. Communication with OCDEL about the pilot program sufficient/frequent enough to meet program needs
    B. Communication with OCDEL about the pilot program was effective in addressing/solving program needs

17. What changes, if any, are needed to ensure effective communication with OCDEL about the pilot program?

18. What are the most successful strategies you utilize to communicate with the participating programs in your region?

19. To what extent is your region prepared to provide the necessary system of supports to infant/toddler programs? (Not at all; Somewhat; Very Prepared)
    A. Infant/Toddler Mental Health
    B. Support for infants/toddlers with special needs
    C. Infant/toddler specific professional development and coaching
    D. Network of infant/toddler specialists to provide technical assistance
    E. Coordination between infant/toddler specific resources

20. How could the system of supports be improved to support participating programs?

21. On average, how many hours per week do you devote to the infant/toddler pilot program?

22. Rate your level of difficulty in monitoring (e.g. budgets) the infant/toddler pilot program?
    A. Very easy
    B. Easy
    C. Neither easy nor difficult
    D. Difficult
    E. Very difficult

23. What improvements should be made, if any, to improve monitoring of the pilot program?

24. Is there additional feedback about the pilot program you would like share, or suggestions on how the program could be improved to ensure its successful expansion?